



AUVI-Q 0.15 mg
For children weighing
33 lbs to 66 lbs.



AUVI-Q 0.3 mg
For anyone who
weighs 66 lbs or more.

AUVI-Q® for Schools[†] Order Form

Requestor Information

*Indicates Required Information

School or School District Name*: _____

School or School District Main Address*: _____

City/State/Zip*: _____ Phone*: _____

Authorized Requestor Contact Name*: _____

Desired Shipping Address (If different than above): _____

City/State/Zip*: _____

Check all that apply: Elementary Middle High | Private Public Other _____

Payment Method*: Credit Card Check

(Credit card information will be collected via phone during order confirmation process and a 3% processing fee will apply to order total)

Dose & Carton Quantity (each carton contains 2 auto-injectors and 1 trainer)

Number of Cartons Purchasing (A) <i>Please indicate the total number of cartons requested for each dose.</i>	AUVI-Q 0.15 mg	+	AUVI-Q 0.3 mg	=	Total # of Additional Cartons Ordered (A)
	_____		_____		_____

Product Pricing and Shipping & Handling

Total Cost for Cartons Ordered (B)	\$249.00	x	A	=	Total Cost for Cartons Ordered (B)
			_____		_____
Shipping and Handling (C)					Total Shipping Cost (C)
Total # Cartons (A)	Shipping Flat Fee			=	
1-2	\$20				
3-4	\$30				
5-6	\$50				
7-24	\$60				
Over 24	Shipping fee will be confirmed via phone				_____
Product Purchase Subtotal (D) (Final confirmation via phone)	B	+	C	=	Product Subtotal (D)
	_____		_____		_____
3% Credit Card Processing Fee (E) (if applicable)	D	x	0.03	=	Credit Card Fee (E)
	_____				_____
Order Total (F) (To be confirmed via phone)	D	+	E (add if applicable)	=	(F)
	_____		_____		_____

[†]Terms and Conditions: Not eligible where prohibited by law, and in North Carolina. Each eligible school with grades between K and 12, in the 50 United States and DC, may purchase a carton(s) of AUVI-Q 0.15 mg or 0.3 mg, when it pays all applicable shipping and handling fees, and/or credit card processing fees. Program provided by kaléo, and it may change or be discontinued at any time without notice. Call 1-888-801-3986 for questions regarding program eligibility.

School(s) Information[‡] *(Please list all schools receiving AUVI-Q)*

School Name & Type (i.e Elementary, Middle or High)	School Address (Street Address, City, State and Zip Code)	Dose & Carton Quantity <i>(each carton contains 2 auto-injectors and 1 trainer)</i>
		<input type="checkbox"/> 0.3 mg QTY ____ <input type="checkbox"/> 0.15 mg QTY ____
		<input type="checkbox"/> 0.3 mg QTY ____ <input type="checkbox"/> 0.15 mg QTY ____
		<input type="checkbox"/> 0.3 mg QTY ____ <input type="checkbox"/> 0.15 mg QTY ____
		<input type="checkbox"/> 0.3 mg QTY ____ <input type="checkbox"/> 0.15 mg QTY ____
		<input type="checkbox"/> 0.3 mg QTY ____ <input type="checkbox"/> 0.15 mg QTY ____
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		<input type="checkbox"/> 0.3 mg QTY ____ <input type="checkbox"/> 0.15 mg QTY ____
		<input type="checkbox"/> 0.3 mg QTY ____ <input type="checkbox"/> 0.15 mg QTY ____
		<input type="checkbox"/> 0.3 mg QTY ____ <input type="checkbox"/> 0.15 mg QTY ____
		<input type="checkbox"/> 0.3 mg QTY ____ <input type="checkbox"/> 0.15 mg QTY ____
		<input type="checkbox"/> 0.3 mg QTY ____ <input type="checkbox"/> 0.15 mg QTY ____
		<input type="checkbox"/> 0.3 mg QTY ____ <input type="checkbox"/> 0.15 mg QTY ____

[‡]If you are requesting AUVI-Q for 12+ schools, please provide a full list of all schools in a separate document along with this completed and signed form.

AUVI-Q for Schools Program Certification

By signing below, I affirm and acknowledge that:

- all of the information provided in this order form is true, complete and accurate;
- I have the authority to make this certification on behalf of the school or school district (collectively "School");
- the School has provided a valid prescription(s) for the product(s);
- the School is a properly licensed educational entity for students who are in grades K through 12 under all applicable laws;
- any product received by the School shall be for its own use and shall not be sold, traded, bartered, or transferred to any third party;
- the School and/or any healthcare professional will not seek any reimbursement from any third-party payer/government programs for any product received by the School, and/or for the administration of AUVI-Q to any patient; and
- I allow kaléo, and the companies working with it to use the contact information provided to contact me to administer any benefits of the program and/or special offer.

Authorized Representative (Print Name)*: _____

Authorized Representative (Sign Name)*: _____ Date: _____

Order Form Submission Instructions

Please email this completed form to ASPN Pharmacies (Attention: AUVI-Q® for Schools Program) with valid AUVI-Q prescription(s) to AUVI-QforSchools@asembia.com or fax to (866) 381-3008. Prescription requirements will follow state rules and regulations and multiple orders may be required to meet state distribution requirements. **Submit prescriptions for each dose requested and ensure quantity on prescriptions matches quantity requested on form.**

An ASPN Pharmacies representative will contact you to confirm order details, gather payment information including credit card information, and provide an estimated delivery date. Please note that AUVI-Q will not be shipped until full payment has been received.